

APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11925

Registration District No. 780

Registration District No. 6025

Registrar's No. 19

1. PLACE OF DEATH:

(a) County St. Genevieve

(b) City or town Springton Route 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. M. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME ADOLPH ABRAHAM AU BUCHON

8. (b) If veteran, name war V

8. (c) Social Security No. V

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1941 hour 6 minute 15 P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 6 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1
1941, to March 10, 1941;
that I last saw him alive on March 5, 1941;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death Pulmonary tuberculosis regular + myocardial

Due to _____

Due to _____

9. Birthplace French Village Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Aubuchon

13. Birthplace French Village Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Aubuchon

15. Birthplace French Village Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Martin Aubuchon

(b) Address R-1 Boone Lane Mo

17. (a) Burial (b) Date thereof March 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation French Village Mo

18. (a) Signature of funeral director Benham Field Co

(b) Address 318 Benham, Boone Lane Mo

19. (a) Mar 18/41 (b) T. W. Douglas
(Data received local registrar) (Registrar's signature)

23. Signature L. M. Harford (M. D. or other) MD
Address Springton Mo Date signed 3/15/41

(Specify type of place)
While at work _____ (e) Means of injury _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X15311

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Clarence Claywell

Licensed Embalmer No.....

3706

P. O. Address.....

Bonne Terre Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.